SciVerse ScienceDirect

Procedia - Social and Behavioral Sciences 33 (2012) 1082 – 1086

Procedia
Social and Behavioral Sciences

PSIWORLD 2011

# The specificity of pathological gambling

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**Abstract**

Pathological gambling is classified as an impulse-control disorder, although it has much in common with substance dependence and its treatment is based on treatment of substance abuse (Petry, 2005). This disorder is often accompanied by mood, anxiety, antisocial personality or substance use disorder; about three quarters of problem gamblers suffer severe depression.

Psychological treatments, mainly approaches that try to change cognitive distortions about gambling, have the most empirical support. Current studies agree that CBT interventions appear to be the most effective treatment of problem gambling (Blaszczynski , 2010; Toneatto & Millar, 2004; Raylu & Oei, 2010).



*Key words*: pathological gambling; addiction; treatment;CBT.

## 1. Introduction

Gambling is one of the most ancient aspects of human behavior and each type of gambling opportunity presents its own risks. Cambridge International Dictionary (1996) defines gambling as "to play games of chance for money or other rewards".

All the gamblers have one main goal: to win more than they lose, but in fact, all of them will lose more than they will win. Problems generated by gambling emerge gradually over a period of time and the pathological gamblers are at first in denial, rationalize their behavior and consider their situation as temporary. Soon, they can lose their control, start to spend more money, then they try to recoup their losses and irrational gambling begins.

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1877-0428 © 2012 Published by Elsevier B.V. Selection and/or peer-review under responsibility of PSIWORLD2011
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Pathological gambling is a chronic disorder that has recently emerged as a public health concern and the specialists know about its treatment less than about the treatment of alcohol or cocaine addiction, for example.

Pathological gambling has high comorbidity rates with substance abuse, mood disorders, attention deficit hyperactivity disorder (ADHD), and antisocial personality disorder (Hollander, Buchalter & DeCaria, 2000).

## 2. Diagnostic criteria

The Diagnostic and Statistical Manual of Mental Disorder – IV, fourth edition (DSM-IV-TR 2000) clasifies the pathological gambling as an impulse-control disorder and places it in the same category as Trichotillomania, Pyromania and Kleptomania.

Diagnostic criteria for Pathological Gambling are the following:

Persistent and recurrent maladaptative gambling behavior as indicated by five (or more) of the following:

- Is preoccupied with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble).
- Needs to gamble with increasing amount of money in order to achieve the desired excitement.
- Has repeated unsuccessful efforts to control, cut back, or stop gambling.
- Is restless or irritable when attempting to cut down or stop gambling.
- Gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g., feeling of helplessness, guilt, anxiety, depression).
- After losing money gambling, often returns another day to get even ("chasing" one's losses).
- Lies to family members, therapist, or others to conceal the extent of involvement with gambling.
- Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
- Relies on others to provide money to relieve a desperate financial situation caused by gambling.

The gambling behavior is not better accounted for by a "Manic Episode".

Diagnostic criteria focuse on three primary areas. First, the individual demonstrates a loss of control of gambling behavior; second, he exhibits a progressive increase in gambling frequency, amount of money gambled, time spent thinking about gambling, and obtaining money to gamble and third, he continues gambling behavior despite negative repercussions on his life.

Blaszczynski (2010) consider that there are three predictors of pathological gambling:

- the compulsion to chase losses;
- repeated failed efforts to stop gambling;
- gambling as a reaction to negative emotions such as stress and depression.

A study conducted by Welte, Barnes, Wieczorek, Tidwell & Parker (2004) demonstrated that alcohol abuse is strongly predictive of gambling pathology and low socioeconomic status group members have higher levels of gambling pathology than other groups.

Pathological gambling has four phases (Raylu & Oei, 2010):

- winning phase, when a person learn to gamble and have some wins;
- loosing phase, when repeated loses pull the gambler further behind and into debt;
- desperation phase, when the gambler is caught up in a cycle of chasing losses, winning occasionally, then suffering more losses;
- helplesness phase, when the gambler is depressive and everything around him has collapsed (relationships, job, security); he can have suicide thoughts and may even have attempted suicide.

Alessi & Petry (2003) described the association between pathological gambling severity and impulsivity, while Fernández-Montalvo and Echeburúa (2004) showed that pathological gamblers are „impulsive people with mild anxious and depressive symptoms, and with a tendency to abuse alcohol and to have problems with adaptation to daily life".

In a study that investigated the similarities and differences in the personality dimensions of patients with pathological gambling disorder and obsessive-compulsive disorder (Kim & Grant, 2001) it was shown that pathological gamblers expressed significantly greater novelty seeking, impulsiveness and extravagance.

Blaszczynski (2010) proposed an integrated model which postulates three main pathways into problem gambling:

- the normal problem gambler, who gambles just for fun;
- the psychologically vulnerable gambler ,who can have difficulty managing stress or dealing with crisis situations;
- the impulsive gambler, who shows signs of impulsive behavior.

## 3. Screening

Screening is a form of secondary prevention that identifies individuals with mild to moderate gambling problems. There are some tools designed to measure gambling problems and the methodology for the treatment of gambling disorder is still being developed.

South Oaks Gambling Screen (SOGS), developed by Lesieur and Blume (Korn & Schaffer, 2004), is the most utilized instrument for the general screening of gambling disorders. Its results are highly correlated to DSM-IV-TR (2000) diagnostic criteria and it is easy to administer and score, for both adolescent and adult population.

Massachusetts Gambling Screen (Korn & Schaffer, 2004) represents an instrument that yields an index of non-pathological and pathological gambling, easy to administer and score. It is the first instrument introduced that was based wholly on DSM-IV criteria.

Gamblers Anonymous 20 Questions is a questionnaire based on 12 steps principles and practices that can help individuals to determine if they are compulsive gamblers.

Clinicians should consider and screen for other mental disorders such as alcohol and drug problems, mood, anxiety and stress disorders as well as suicide risk.

## 4. Treatment

Contrary to what some people believe, pathological gambling is a treatable disorder and its first difficulty consists in the fact that more than 90% of patients with gambling problems don't seek treatment (Ladouceur, Lachance & Fournier, 2009).

Also, few clinical practitioners have adequate training in the treatment of problem gambling, and very little research has been conducted in this area, so most interventions for problem gambling have poor empirical validation.

Evidence indicates that pathological gambling can be treated successfully (Ladouceur, Lachance & Fournier, 2009; Ladouceur, Sylvain, Boutin, & Doucet, 2002; Raylu & Oei, 2010).

Pharmacological treatment appeared to be more effective for clients with comorbid problems, such as impulsivity and mood disorders (Raylu & Oei, 2010).

Naltrexone is an opioid receptor antagonist that decreases cravings in opiate and alcohol users, and it has been also used to treat problem gamblers, while Walmefene was reported to decrease the severity of

pathological gambling, but higher doses resulted in intolerable side effects (Grant and his colleagues, 2004).

Gamblers Anonymous (GA) is the most widely used treatment for pathological gambling; the model of addiction in GA emphasizes the gambler's powerlessness over his gambling. It is difficult to study the efficacy of GA, because it is self guided and there are no specific guidelines concerning the number of participants, the duration or the number of meetings.

Cognitive Behavioral Therapy (CBT) is based on the principles of social learning theory and it attempts to change the thoughts and behaviors that are fundamental to maintaining a disorder (Ladouceur, Sylvain, Boutin & Doucet, 2002).

The aim of CBT for pathological gambling is to break the vicious circle of continued gambling and help clients gain more control over their compulsive behavior.

Petry and colleague (2006) compared CBT and attendance at Gamblers Anonymous and found that the gamblers in the individual CBT group reduced their gambling more than those in the GA group.

Jimenez – Murcia et al., (2007) studied the effectiveness of a CBT program in 290 problem gamblers and they reported that three quarters of their participants were abstinent at post-treatment and 80 percent at 6 months follow-up.

The contemporary treatment providers (Raylu & Oei, 2010) consider that successful outcomes are enhanced when both normal and problem gambling is destigmatized.

The gamblers should know that the excessive pleasurable activities seem to involve progressive and chronic disregulation of brain reward activity (McCown & Chamberlain, 2005).

As a methodology of prevention pathological gambling, there is reasonable evidence that programs that teach the odds of winning have some effectiveness. One particularly used program (Coombs, 2004) has been piloted by dr. Howard Schaffer at the Harvard School of Addictions.

Unfortunately, a large percentage of patients with pathological gambling discontinue treatment, as they „reported missing the thrill of gambling and feeling certain that they could win and relieve financial burdens" (Grant, Kim & Kuskowski, 2004).

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